

Name  
in  
Full

Estate Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Oak Grove* Town *D. Geo* CountyDate of death 1902 *July* Month *30* Day Age *—* Years Months *2* DaysSex *Female* Color or Race *Black* Birth-place *Oak Grove*Married, Single or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *Charles Allen* 151 Father's Birthplace *D. Geo. Co*Mother's Maiden Name *Jackson* Mother's Birthplace *" " "*Name of person giving information *Charles Allen* How related to deceased *Father*

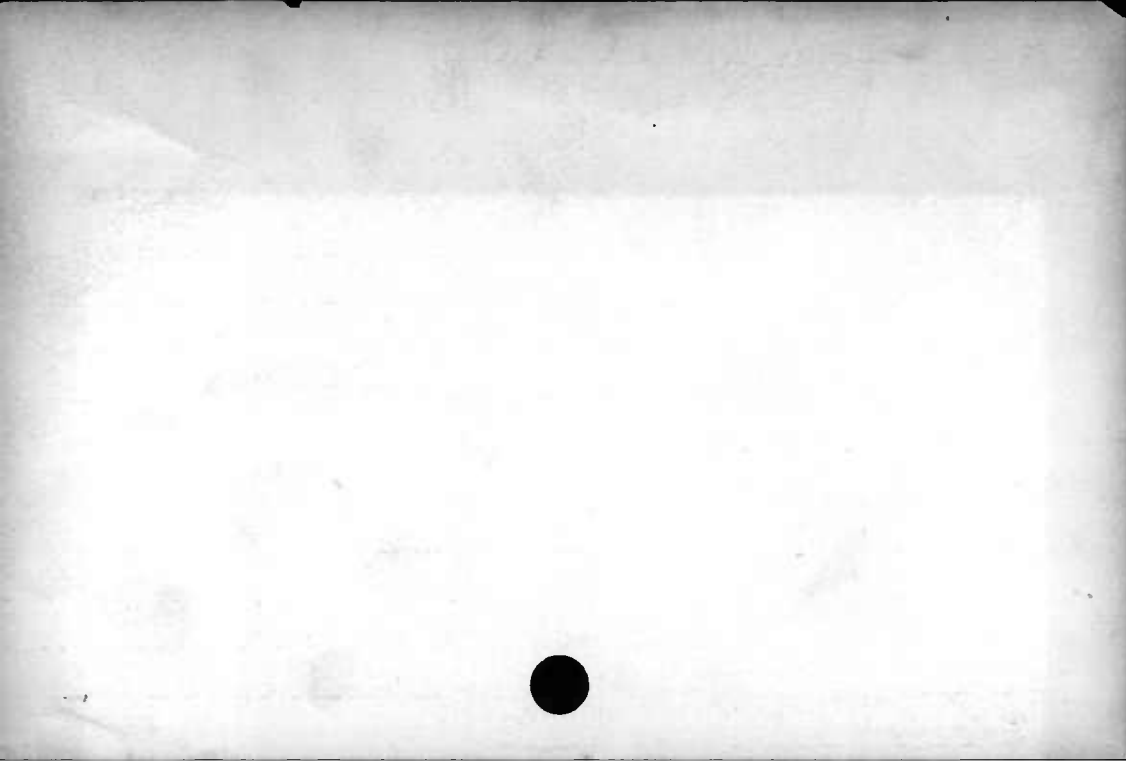
## CAUSES OF DEATH

Primary *Don't know* How long *Don't know*Immediate *" "* *never saw it* How long *" "*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*W L Griffith*  
*upper Marlboro.*Accident or Suicide? *—**MD*PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Caroline M. Baden

Town

County

Died at

Baden

Pr. Geo

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902 - 7 - 1

Age 85 - -

U.S. Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Six

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGIS

1843

Name In Full

Certificate of Death

Elize C Baker

Died at Lake land Town P. George County MARYLAND  
 Date 1902 July Month 12 Day Y. Y. M. M. D. D. Native of Med Occupation —  
~~Male~~ White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79298

Branchville  
Cemetery

MARYLAND

Name in Full

Wm J. Barr  
 Hyattsville P.D.  
 Died at Town County  
 Date 1902 July 10<sup>th</sup> Y. M. D. Native of Occupation  
 Male White Married ~~Widow~~ ~~Single~~ Farmer  
 Number of children living 3

Husband of Julia Barr  
 Wife  
 Father's Name Charles Barr Mother's Name Mary Barr  
 Cause of Death Primary Asthenia  
 Immediate  
 How long sick 5 months  
 Accident, Suicide, Homicide

Reported by J. A. Richardson M.D.  
 Address Hyattsville Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

*Lessie Beall*

Town

County

Died at *Alms House P. G.*

MARYLAND

Date 1902 *July 21<sup>st</sup>* Month *July* Day *21<sup>st</sup>* Y. *P. G.* M. *P. G.* D. *P. G.* Native of *Ind* Occupation *None*

~~Male~~ *White* ~~Married~~ *Age 10* ~~Widow~~ ~~Divorced~~

*Female* ~~Colored~~ *Single* *Widower* *Number of children living*

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *Sam Beall* Mother's Maiden Name *Jennie Crandell*

Cause of Death { Primary *Cholera Infantum* Immediate *Angustion of brain* How long sick *2 weeks* Accident, Suicide, Homicide

Reported by *J. L. Waring*

Address *Clinton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Beall

Town

County

Died at

Halls

Prince Georges

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 24

Age 73-

Md

Housewife

MaleWhiteMarriedWidowDivorced

Female

Colored

SingleWidower

Number of children living

5-

Husband

of

James H Beall

Wife

Father's

Name

Solney Carter

Mother's

Maiden Name

Mellie Mordock

Cause of

Primary

Umbilical Hernia

How long sick

4 days

Death

Immediate

Intestinal Obstruction

Accident, Suicide, Homicide

Reported by

Benj<sup>n</sup> L. Beall M.D. 108

Address

Leland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Benjamin

Town

County

MARYLAND

Died at

Landover

Prince George

Date 189

1902

Month Day

July 23

Y. M. D.

Age 85

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Old Age

154

How long sick

3 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband

of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

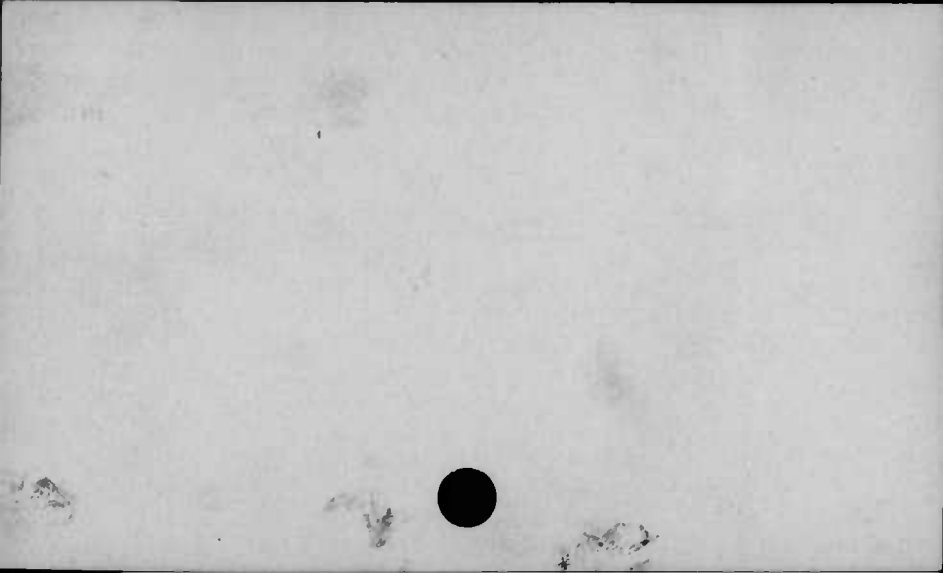
William Binger  
 Westphalia Prince Geo's MARYLAND  
 Town County  
 Date 1902 July 20 Age 64 5 11  
 Month Day Y. M. D. Native of Occupation Farmer  
 White Married Widow ~~Divorced~~  
 Colored Single Widower Number of children living 7-

Jane Binger  
 John Binger Mother's Name  
 Maiden Name

Horrocks Garrison  
 How long sick 3 days  
 Accident, Suicide, Homicide

Bee Stings  
 Cardiac Dropsy  
 Immediate

J. B. Sawlbury  
 Forrestville Md.





Name in Full

Certificate of Death

Ethel Ann Burroughs

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

E. P. Simpson, M.D.

Address

ROSECROFT,

Pr. Geo. Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Benjamin Brown

Town

County

Died at

Mar eton Jail P. 50

MARYLAND

Date 18

902

Month

Day

Year

M.

D.

Native of

Occupation

7 24

Age

17

md

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Mitschel Brown

Elizabeth Brown

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Rensley Sanders

Address

444 1st St. N. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

James Bryan

Town

County

Died at Henry House P.O.

MARYLAND

Date 1902 July 17

Month

Day

Y.

M.

D.

Native of

Occupation

Age 60

Wed

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Frank Bryant  
 Town County

Died at

Bernier

Pemie Georges

MARYLAND

Date 1902 July 4

Month Day

Y. M. D.

Native of

Occupation

Age = 11 4

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

George W. Bryant

Mother's

Maiden Name

Ella E. Baker

Cause of

Primary

Croupy cough

105

How long sick

2 weeks

Death

Immediate

Pharyngeal Infection

Accident, Suicide, Homicide

Reported by

W. D. Everhine MD

Address

College Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Mary Elizabeth Buck

Town

County

Died at

Ritchie

Prince George

MARYLAND

Date 1932

Month

Day

Y.

M.

D.

Native of

Occupation

July 20

Age

3

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Wm R. Buck

Mother's

Maiden Name

Annie F. Martin

Cause of

Primary

Mal. Nutrition (S)

How long sick

10 days.

Death

Immediate

Cerebral Effusion

Accident, Suicide, Homicide

Reported by

Benjamin L. Bird M.D.

Address

J. Leland

P.O. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Leonard Burroughs

Town

I.B.

County

Pr. Geo. Co.

MARYLAND

Died at

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

7 4

Age

1 9

Md

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

X

Father's

Name

H. Bruce Burroughs

Mother's

Maiden Name

Laura

Huntt

Cause of

Primary

Acute Meningitis

How long sick

Week

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

John A. Coz MD?

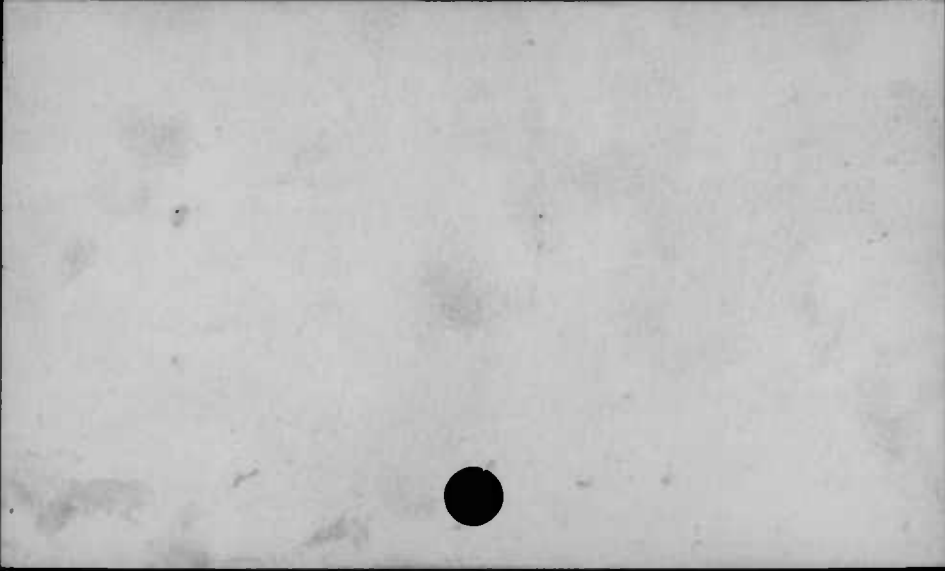
Address

I.B.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

CERTIFICATE OF DEATH

Edward Calvert

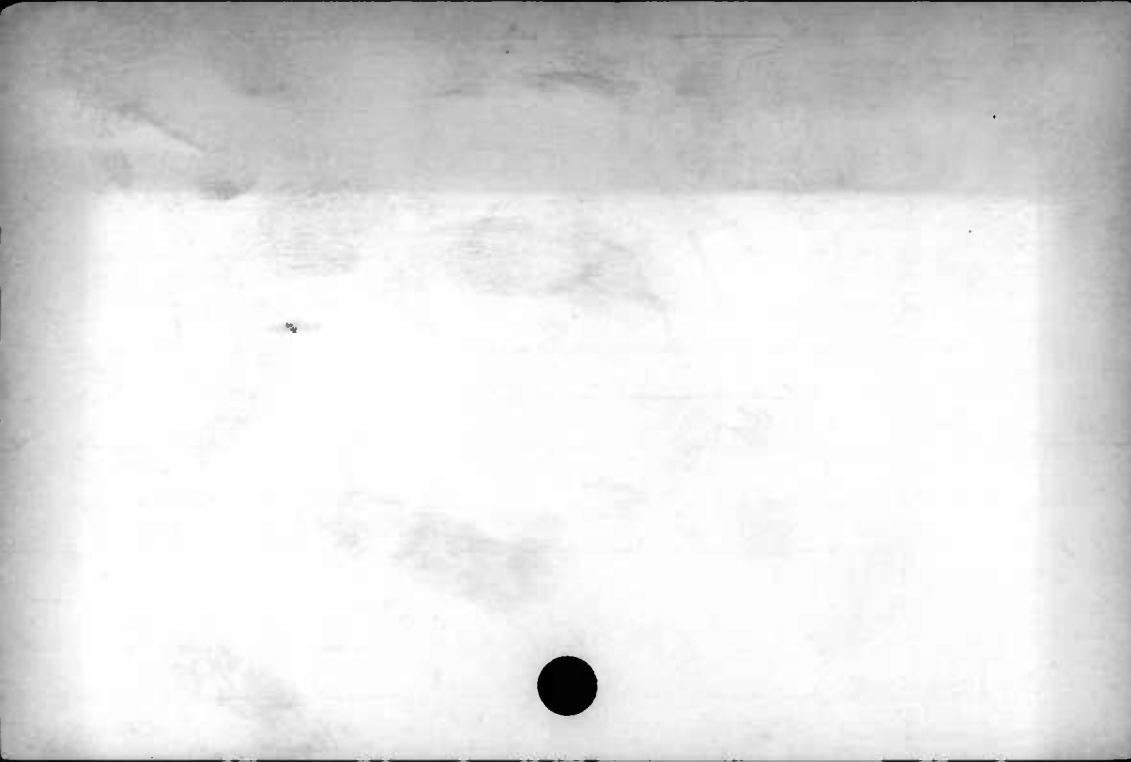
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
July		15		81	3		
Sex	Female	Color or Race	White		Birth-place	R. Geo C. Md	
Married, Single or Widowed	Single			Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Edward Calvert				R. Geo C. Md			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Biscoe				" " "			
Name of person giving information				How related to deceased			
Rosa Calvert Kearney				Niece			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Shock, resuscitated, burn	How long	15 10.8 yrs
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. L. Griffith	
		Address	
		Upper Marlboro	
Accident <del>Substance</del> ?			



Name in Full

Certificate of Death

Joseph Calvert

Town

County

Died at

Mondro

P. Geo

MARYLAND

Date

1902

Month

7

Day

26

Age

Y.

M.

D.

4

Native of

md

Occupation

Male ~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Joseph Calvert

Mother's

Name

Maggie Calvert

Cause of

Primary

Congenital Hydrocephalus

How long sick

Always

Death

Immediate

Accident, Suicide, Homicide

Reported by

Rueby Sasser 150

Address

Maddock Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Jos. Courad*  
 Town: \_\_\_\_\_ County: \_\_\_\_\_

Died at *Camp Springs P.G.*

MARYLAND

Date 1902 *July 25* Month Day Y. M. D. Native of *Sweden* Occupation *None*  
 Male *White* Married *Widow* Divorced *None*  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *None*

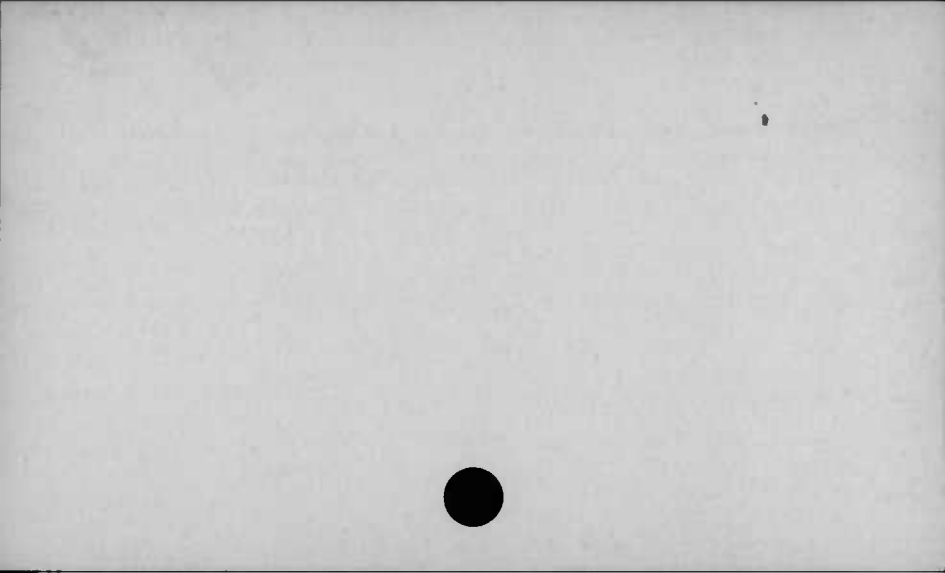
Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *Wm. Courad* Mother's Maiden Name *Lottie Smith*

Cause of Death { Primary *Unknown* Immediate *Unknown* } How long sick *1 week*  
 Accident, Suicide, Homicide

Reported by *J. L. Waring*  
 Address *Clinton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Clinton Cooksie,

Town

County

Died at

MARYLAND

Died at Westmont P. George  
 Date 1902 July 27 Y. M. D. 1 25 Native of P. Geo Co Occupation  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's Name Charles Cooksie Mother's Name Sallie Watson  
 Maiden Name

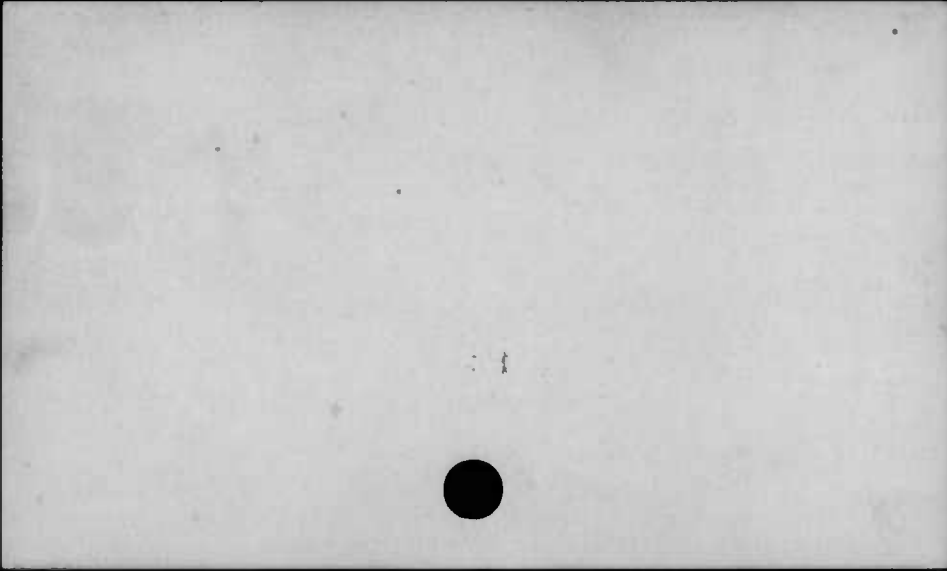
Cause of Death { Primary Improper diet How long sick 2 days  
 Immediate Cholera Infantum Accident, Suicide, Homicide

Reported by

Address

E. H. Himmach  
 Lo. Mountburo, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gertrude E Dalton

Town

County

MARYLAND

Died at

Hyattsville

Q. Res Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 12

Age

19

NC

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Thos W Dalton

Mother's

Maiden Name

Gertrude E  
McNally

Cause of

Primary

Cretin

How long sick

July 9 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles H. H.

Address

Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



No Name  
 Died at <sup>Town</sup> Hyattsville <sup>County</sup> C. Geo MARYLAND  
 Date 1902 July 6 Age 1 day 1 hour Native of Md Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living  
 Husband of  
 Wife  
 Father's Name John McEater Mother's Maiden Name Narcissa Poppleton  
 Cause of Death { Primary Respects of Typhoid fever How long sick  
 Immediate Accident, Suicide, Homicide  
 Reported by Chauncey  
 Address Hyattsville Md 151  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





James Robertson Dever,  
 Town Riverdale County Pr. Geo.  
 Died at Riverdale Pr. Geo. MARYLAND  
 Date 1902 July 19 Age 57-2-19 Pa. Lawyer  
 Male White Married Widow Divorced  
Foreign Foreign Single Widower Number of children living  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Alex. S. Dever Mother's Name Jane C. Dever  
 Cause of Death Primary Phtisis Pulmonalis about 3 years.  
 Death Immediate Hemorrhage Accident, Suicide, Homicide  
 Reported by S. M. McMillan M.D.  
 Address Riverdale Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Washington

Daniel Webster Douglas.

Town

County

Died at

Woodville

Pr. Geo's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1912 -

7 - 15

Age

18 - 11 - 26

Ind. Sailor

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis Not Mws.

Death

Immediate

Same

How long sick

27 Accident, Suicide, Homicide

Reported by

H. Morris Brown

Address

Aquasco Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1914



*Fredman Duvall*

Town

County

Died at *Mitchellville**Prima George*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1902**July 3*

Age

*75**md**La borer*

Male

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

*2*

Husband

of

*Nancy*

Father's

Name

*Anthony*

Mother's

Name

*Rary*

Cause of

Primary

*Senile Gangrene*

How long sick

*6 mos*

Death

Immediate

~~Accident, Suicide, Homicide~~

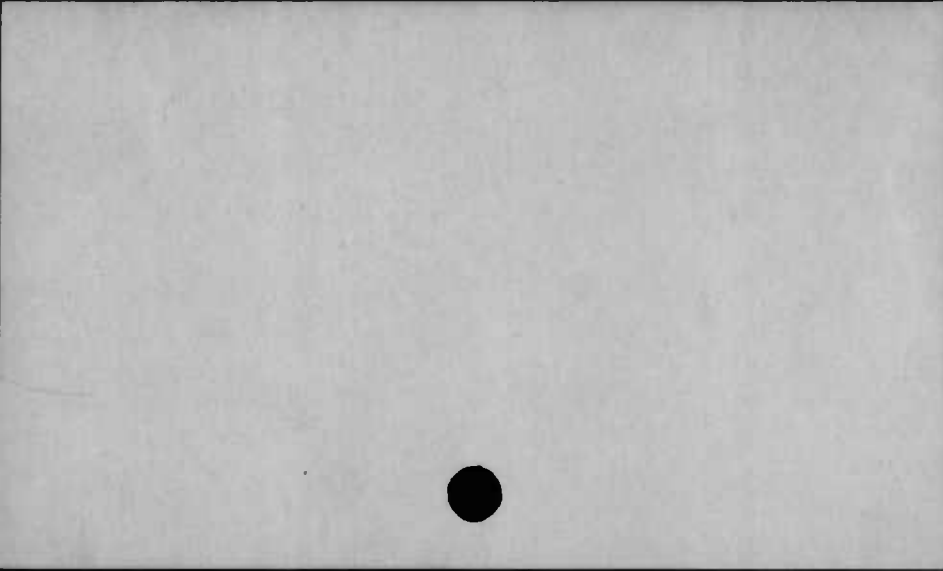
Reported by

*John Reach*

Address

*Mitchellville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *John L Gray*  
 Died at *Forestville* Town *Prince Georges* County *MARYLAND*

Date 19*02* *July* *30* Month *July* Day *30* Y. *77* M. *--* D. *--* Native of *Md* Occupation *Merchant*  
 Male *White* Married *Widow* ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Charity H. Gray* *154*  
 Wife *Anna Simmes*  
 Father's Name *Anna Simmes* Mother's Maiden Name

Cause of Death { Primary *General Debility* How long sick *4 months*  
 Immediate *Result of a fall from a ladder* *Internal injury* ~~Accident, Suicide, Homicide~~

Reported by *John E. Simmes*  
 Address *Forestville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Margaret Gross

Town

County

Died at

Aguasca

P. G. Co

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

July 16

Age

22 yrs

Widower Housewife

~~Male~~

White

~~Married~~~~Widow~~~~Domestic~~

Female

Colored

Single

~~Widower~~~~Never married living~~

Husband of

Wife

Father's

Name

Lewis Gross

Mother's

Name

Katie Gross

Cause of

Primary

Acute Myocarditis

How long sick

3 weeks

Death

Immediate

Reaction

Accident, Suicide, Homicide

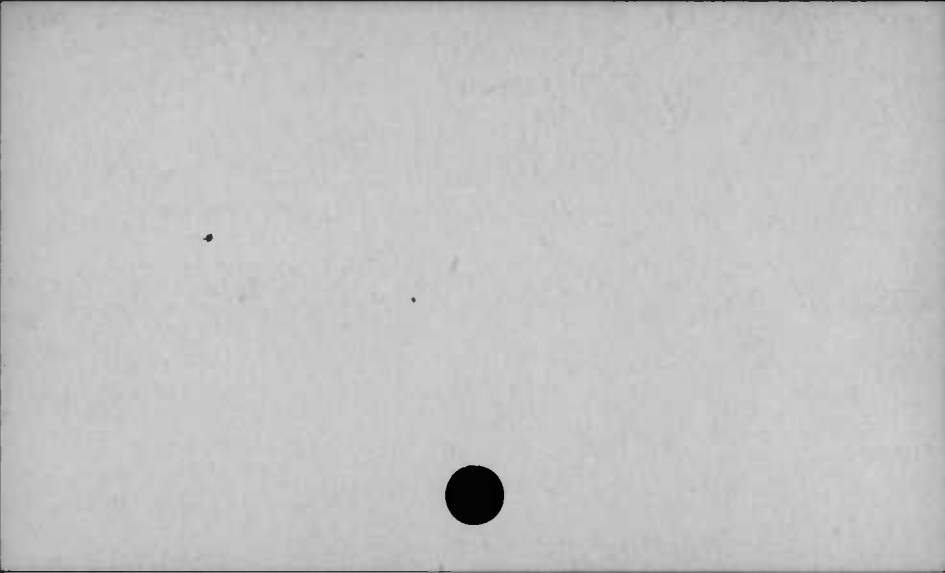
Reported by

M. R. Latimer M.D.

Address

Aguasca, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan M. Hines

Town

County

Died at

Dorchester

Poncha Gas

MARYLAND

Date 19

02 July 14

Month

Day

Y.

M.

D.

Native of

D.C.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sydney Hines

Maiden Name

Mother's

Anna Franklin

Cause of

Primary

How long sick

Death

Immediate

Influenza, Bionhox

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7986\*



Rosella Hodge  
 Town <sup>Town</sup> Mellwood County <sup>County</sup> P. Y.

MARYLAND

Died at

Date 1902

Month Day

7 24

Age

Y. M. D.

- 6 -

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Jeremiah Hodge

Mother's Maiden Name

Alice Digges

Cause of

Primary

Teething

105

How long sick

4 days

Death

Immediate

Cholera Infantum

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Jeremiah Hodge, father

Address

Upper Marlbow Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Holliday

Town

County

Died at

MARYLAND

Died at *Brandywine* *Prince George's*  
 Month Day Y. M. D. Native of Occupation  
 Date *1902* *July* *15* Age *60* *—* *—* *Md.* *Farmer*  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Death Immediate

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998





Name In Full

Certificate of Death

Edgar W. Hopkins -  
 Died at <sup>Town</sup> Hyattsville <sup>County</sup> Prince George MARYLAND  
 Date 19 <sup>Month</sup> July <sup>Day</sup> 5 1902 Age 42-10-23 <sup>Native of</sup> Mich - <sup>Occupation</sup> Composer  
 Male ☒ White ☐ Married ☐ Widowed ☐ Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one -  
 Husband of Elizabeth Stephenson -  
 Wife  
 Father's Name Franklin P. Hopkins Mother's Name Jane Bridges -  
 Cause of Death { Primary Pyelitis  
 Immediate Addressed  
 How long sick one week  
 Accident, Suicide, Homicide  
 Reported by Dr. G. Richardson 116  
 Address Hyattsville Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Howard

Town

County

MARYLAND

Died at Near Hall's Station Pr. Sec.

Month

Day

Y.

M.

D.

Nation of

Occupation

Date 19 0279

Age

78Ind

Male

White

Married

Widow

Divorced

Female

Colored

SingleWidower

Number of children living

NoneHusband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

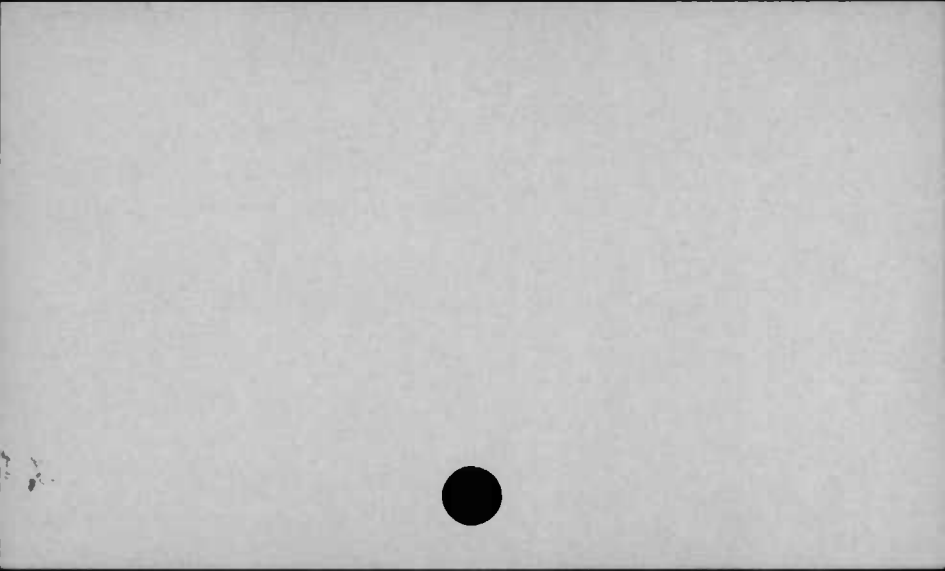
Reported by

Scott Armstrong

Address

Forestville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alexander Jackson

Town

County

MARYLAND

Died at

Hyattsville

P. G. G. G.

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 19

Age

80

U.S. Army

none

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Stenosis of Aorta

How long sick

one year

Death

Immediate

Senile Dementia

Accident, Suicide, Homicide

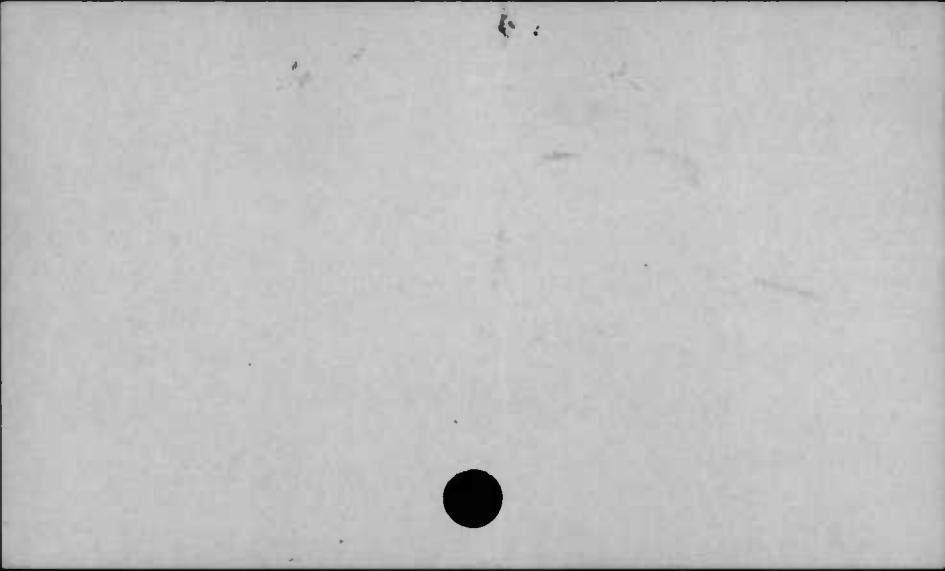
Reported by

Chas. A. Hall

154

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Fannie Jackson

Town

County

Died at

Camp Springs

P.F.

MARYLAND

Date 19

02 July 1909

Age

9

D.

Native of

Occupation

Ind

house

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

unknown

Mother's

Maiden Name

unknown

Cause of

Primary

unknown 179

How long sick

unknown

Death

Immediate

Accident, Suicide, Homicide

Reported by

family to J. L. Waring

Address

Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

25

26





Name in Full

Certificate of Death

Willie Kerr

Died at <sup>Town</sup> Mariboro

County Pr. Geo

MARYLAND

Date 1902 <sup>Month</sup> July <sup>Day</sup> 18 | Age 10 wks | <sup>Native of</sup> Md | <sup>Occupation</sup>

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

William Kerr 105 | L. S. Crawford

Cause of Death { Primary Valvular disease of heart | How long sick Since birth

Death { Immediate Cholera Infantis | Accident, Suicide, Homicide

Reported by

Address

D. L. A. Griffith -

Upper Mariboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Augustess Lomax

Died at <sup>Town</sup> Murkin <sup>County</sup> PG

MARYLAND

Date 19 02 <sup>Month</sup> July <sup>Day</sup> 12 <sup>Y.</sup> 2 <sup>M.</sup> 3 <sup>D.</sup> md <sup>Native of</sup> md <sup>Occupation</sup> md

<sup>Male</sup> White <sup>Married</sup> Widow <sup>Divorced</sup> Female <sup>Colored</sup> Single <sup>Widower</sup> Number of children living

Husband of

Wife

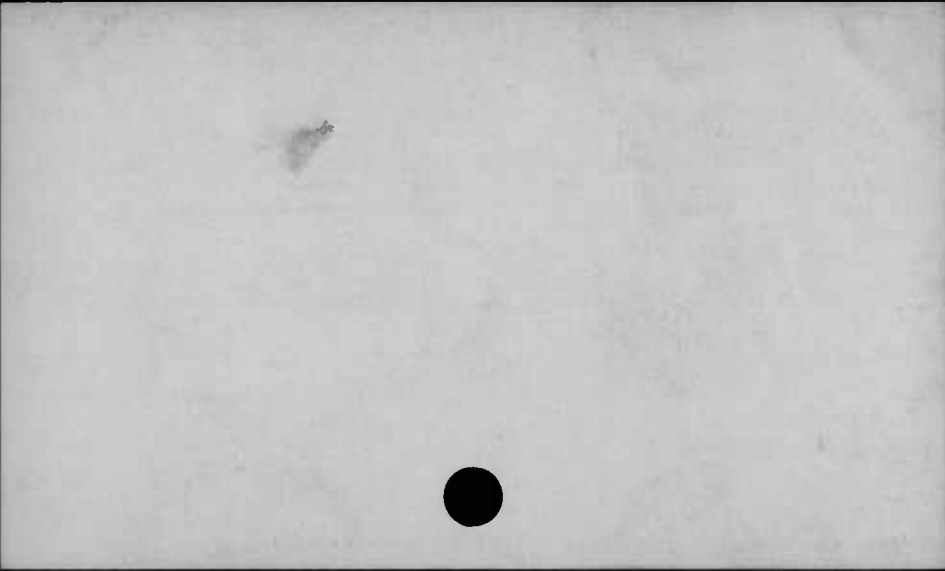
Father's Name Henry Lomax Mother's Name Henrietta Gasway

Cause of Death { Primary Tuberculosis How long sick Several months

Death { Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. F. TaylorAddress Laurel md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alexander Marshall Marbury Jr.

Died at <sup>Town</sup> Upper Marlboro' <sup>County</sup> Prince George's MARYLAND

Date 1902 <sup>Month</sup> 7 <sup>Day</sup> 13 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup> \_\_\_\_\_

Male <sup>White</sup> ~~Marrried~~ <sup>Widow</sup> ~~Divorced~~  
~~Female~~ <sup>Colored</sup> <sup>Single</sup> ~~Widower~~ ~~Number of children living~~

Husband of \_\_\_\_\_  
 Wife

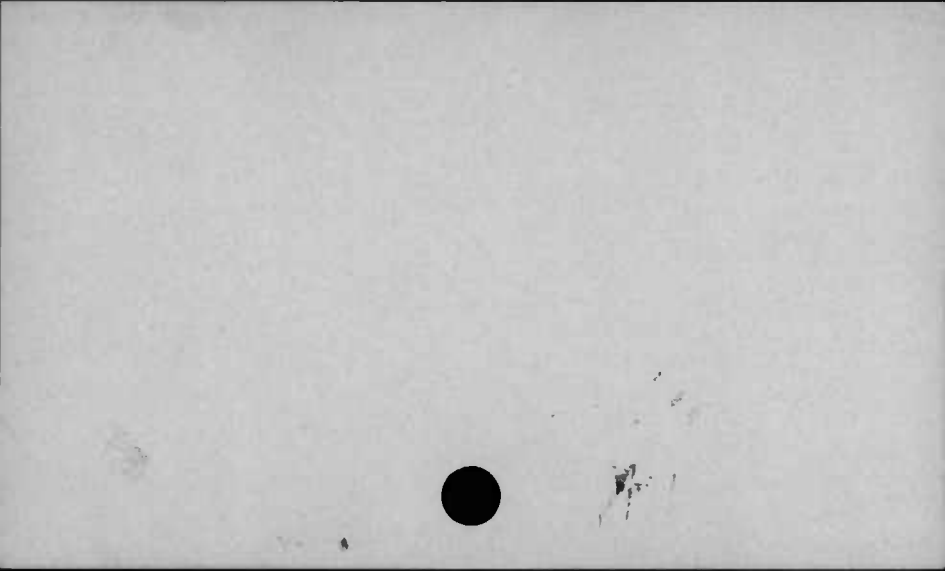
Father's Name Alexander M. Marbury Mother's Maiden Name Lucy Berry

Cause of Death { Primary Immediate } Cholera infantum. How long sick 5 Days. Accident, Suicide, Homicide

Reported by Maren D. Humes M.D.

Address Upper Marlboro. M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Miller  
 Town County

Died at Riandal MARYLAND

Date 1902 July 10<sup>th</sup> Month Day Y. M. D. 1 7 - Native of Maryland Occupation None  
 Male ☒ White ☒ Married ☒ Widowed ☒  
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living 105

Husband ☒ of Son of  
 Wife ☒ of Oliver H. Miller Mother's Mary E. Hall  
 Father's Name Maiden Name

Cause of ☒ Primary Colitis How long sick about 10 days  
 Death ☒ Immediate cardiac failure Accident, Suicide, Homicide

Reported by Mr. J. Cole M.O.  
 Address 826 - H St. N.E. Wash. D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Wm. Almon Moran

Town

Died Hyattsville P.D.

MARYLAND

Date 1902 July 12 Age 5 Y. M. D. Md. Occupation

Male White Married Single Widower Divorced Number of children living

Husband

Wife

Father's Name Leonard Moran

Mother's Name Irene Moran

Cause of Primary Marasmus

Death Immediate Asphyxia

How long sick

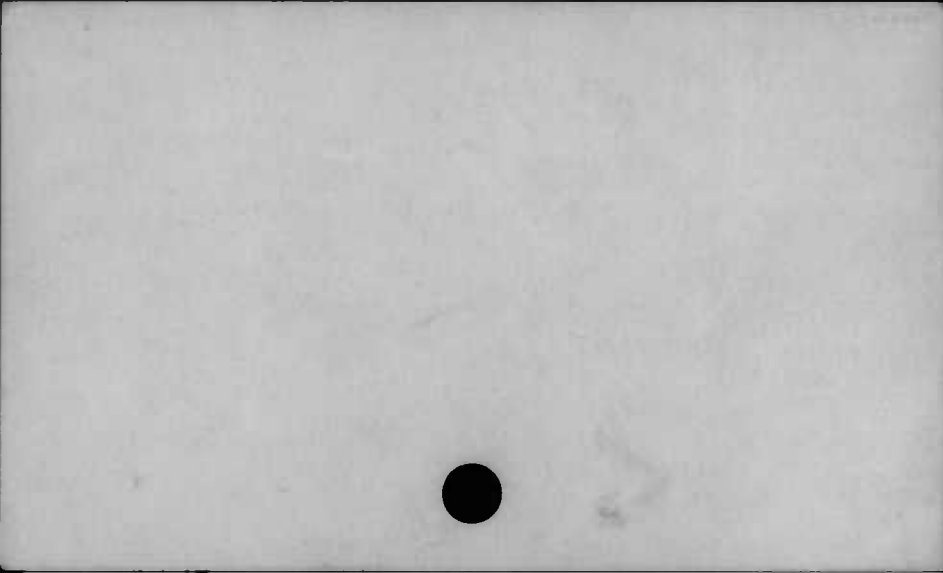
3 months

Accident, Suicide, Homicide

Reported by Dr. Richardson M.D.

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Priscilla Louisa Mudd

Town

County

Died at Edgemont

Prince Georges

MARYLAND

Date 1962 July 6th Age 69 8 27 Native of Maryland Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name J Elzore Mudd

Mother's Maiden Name Susanna Turton

Cause of Primary Typhoid Fever How long sick Three weeks

Death Immediate Asthenia Accident, Suicide, Homicide

Reported by

Address

Hyattsville Prince Georges Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in Full

Randolph Peter

## CERTIFICATE OF DEATH

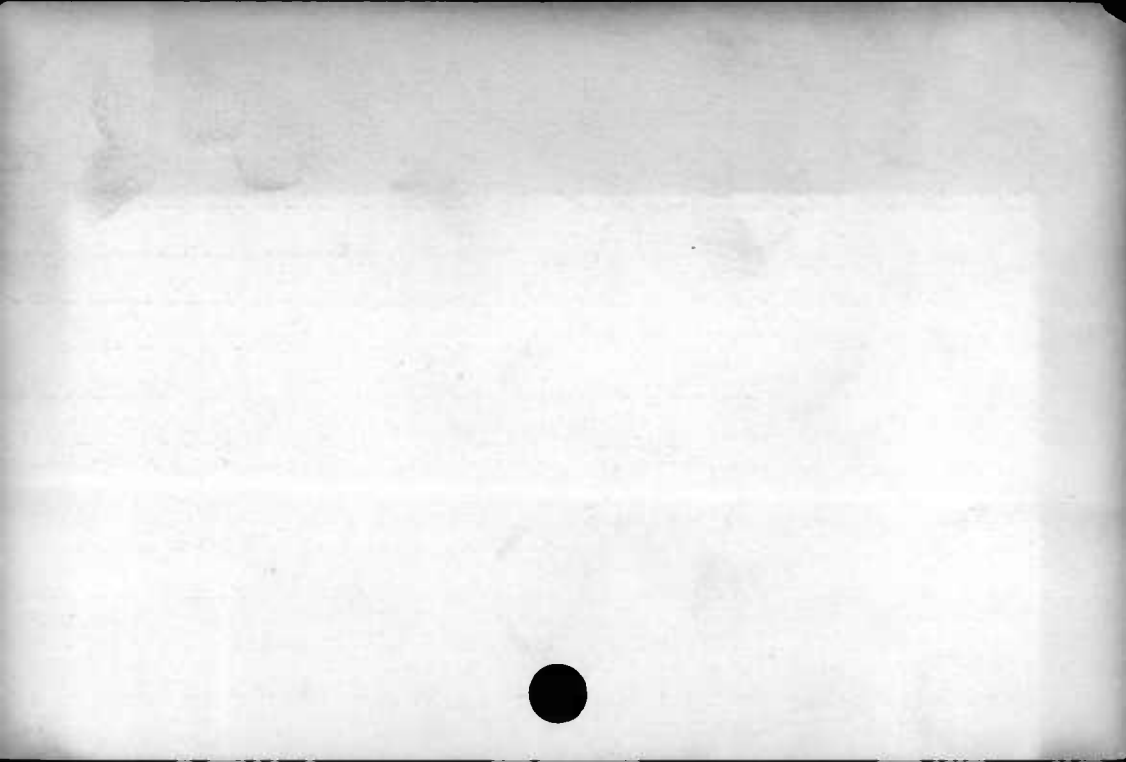
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Avenel				Prince Geo			
Date of death 1902	Month	Day	Age	Years	Months	Days	
2	July	11	0	0	0	1	
Sex	Male		Color or Race	White		Birth-place	Avenel
Married, Single or Widowed	0		Occupation	0			
Name of Wife or Husband	0						
Father's Name	Oscar Peter				Father's Birthplace	Md	
Mother's Maiden Name	Ida Stone				Mother's Birthplace	Ills	
Name of person giving information	Mother Ida Stone				How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth, 151	How long	0
Immediate	Callalake	How long	0
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	H. J. Brown		
Accident or Suicide?	Address		
	Burnh. Mills		
	Md		



Name  
in  
Full

*Wilhelm Purcell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Lonsdale* Town

*Pr Geo* County

Date of death 190 *2* July

Day *19*

Age *47* Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-place *Germany*

Married, Single or Widowed *Married*

Occupation *Carpenter*

Name of Wife ~~Husband~~ *Mary Purcell*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased *wife*

*103*

CAUSES OF DEATH

Primary *Ulcer of Stomach*

How long *Don't know*

Immediate *Lx Exhaustion*

How long

Are the name, age, sex, color, data and place correctly given above? *Don't know*

Signature of Physician

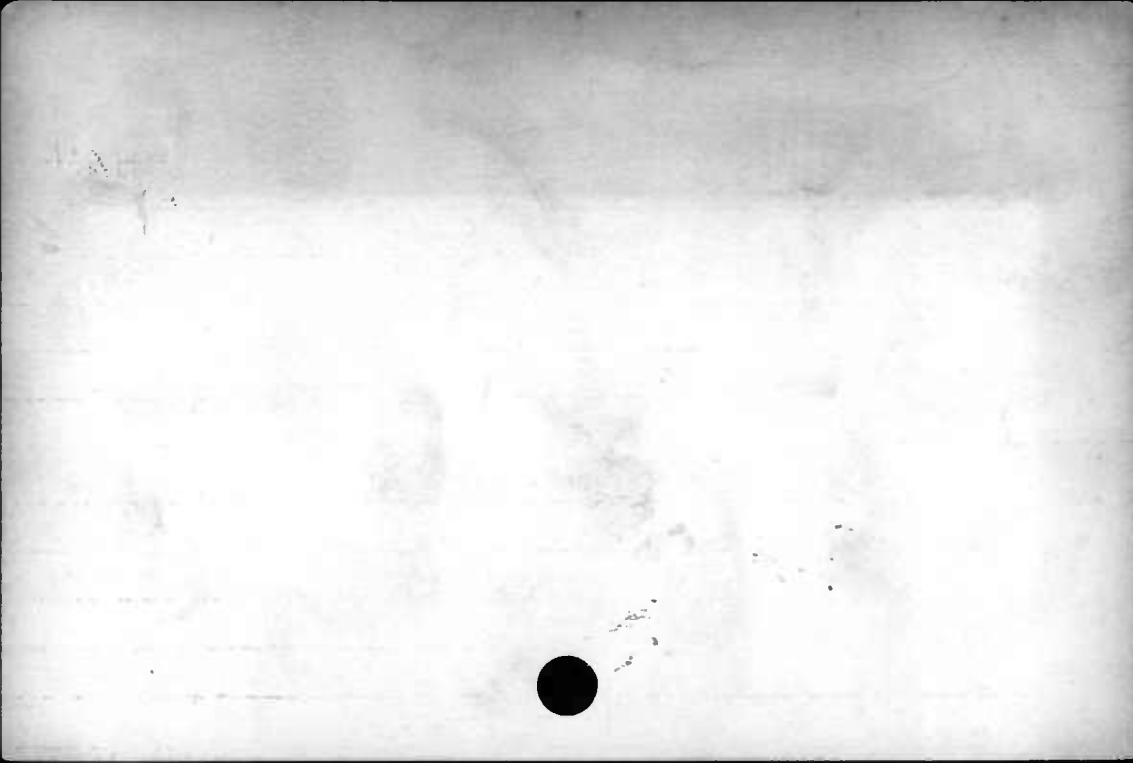
Address

*Dr. Griffith  
Upper Warehous.  
Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

*J*





Name in Full

Certificate of Death

Walter Queen

Town

Luxedo

County

F. Lee

Geo

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 19

02

July 20

Age

six

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Queen

Mother's

Maiden Name

Loa Queen

Cause of

Primary

Typhoid Fever

How long sick

Six weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas. A. White

Address

Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Charlotte ~~Right~~

Town

County

Died at

MARYLAND

Bladensburg Prince Geo. MARYLAND

Date 19

02 July

Age

68

Native of

M.D.

Occupation

Housewife

Male

White

Married

Widowed

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of  
WifeFather's  
Name

don't know

Mother's  
Maiden Name

don't know

Cause of

Primary

Mitral Stenosis

How long sick

1 day

Death

Immediate

Cardiac Weakness

Accident, Suicide, Homicide

Reported by

F. P. Kelly

Address

Hyattsville Prince Geo Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Child of Clarence & Margie Sharps  
 Town County

MARYLAND

Died at

Bladensburg Prince Georges

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 10

Age

6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Clarence Sharps

Mother's

Maiden Name

Margie Barricks

Cause of

Primary

Inward Spasms

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Augustus H. Doherty Act Coroner

Address

Bladensburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bladen'sburg

in Cemetery

Ruby Agnes Sweeney

Town

County

MARYLAND

Died at

Carroom

Prince Georges

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 7

Age

- 5 -

Md.

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Gene Lloyd Sweeney

Mother's

Maiden Name

Margaret Lee

Cause of

Primary

Cholera Infantum

How long sick

12 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

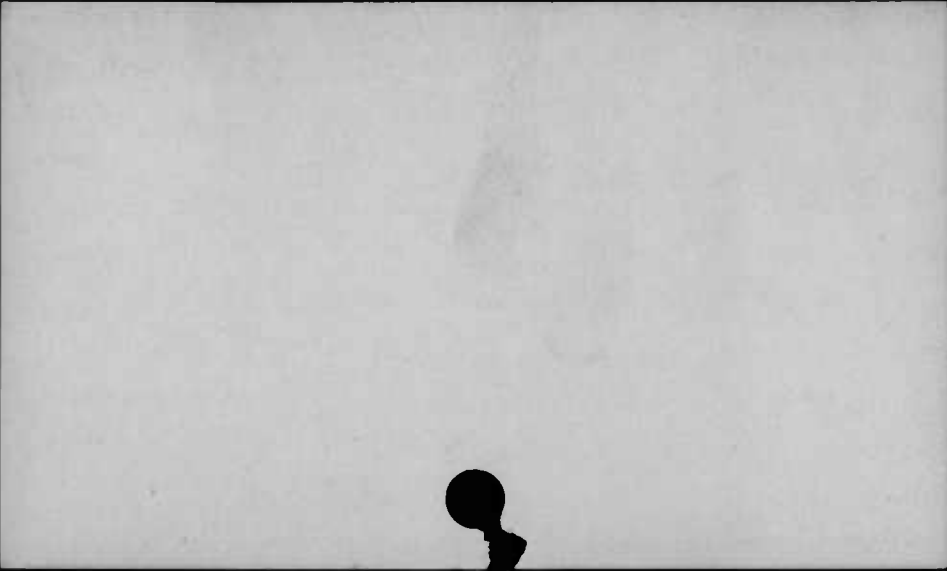
Rawlings Bros.

Address

North Keys, Md.

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.





James Sylvester

Town

County

MARYLAND

Died at Bonnie

Prince George

Date 1902 July 19 Age 28 Native of Jamaica Occupation Laborer

Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Single~~ Colored Single ~~Widower~~ Number of children living 0

~~Husband~~  
~~Wife~~

Father's Name Don't know

Mother's Maiden Name Don't know

Cause of Primary Typhoid Fever How long sick 10 days

Death Immediate Perforation of bowel Accident, Suicide, Homicide

Reported by Nelson A. Ryan M.D.

Address Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Male

~~Female~~Husband  
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

MARYLAND

Mother's

Name

How long sick

Accident, Suicide, Homicide



Name in Full

Certificate of Death

William Henry Thompson

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary F. Tucker

Died at

Town

Bladensburg

County

Prince Geo.

MARYLAND

Date 19

03 July 18

Age

Y.

M.

D.

Native of

Occupation

4. 10 Mch.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Westley Tucker

Mother's

Maiden Name

Mariah Rado

Cause of

Primary

Tuberculosis

How long sick

one month

Death

Immediate

Cardiac Weakness

Accident, Suicide, Homicide

Reported by

J. F. Kelly

Address

Hyattsville

Prince George Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bladenburg  
cemetery



Name in Full *John Wagner*

Town *Takoma Park* County *Prince Georges* MARYLAND

Date *1902* Month *July* Day *24* Y. *79* M. *6* D. Native of *Ba* Occupation *none*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *4*

Husband of ☒ Wife of ☐ Father's Name *X* Mother's Name *X*

Cause of Death { Primary *Senility* Immediate *Erysipelas* How long sick \_\_\_\_\_ Accident, Suicide, Homicide \_\_\_\_\_

Reported by *Alfred V. Carson*

Address *Takoma Park D.C.*



Agnes Well

Town

Bowie

County

Prince George

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 13

Age

11

11

23

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 0

~~Husband of~~  
~~Wife~~Father's  
Name

Richard Wells

Mother's

Maiden Name

Catherine Guy

Cause of

Primary

Pulmonary

How long sick

One year

Death

Immediate

Consumption

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Nelson A Ry on M D

Address

Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Alvin Roy Williams*  
 Town *Rosecroft* County *Pr. Lex* MARYLAND  
 Died at  
 Date *1902* Month *7* Day *17* Age *2 16* Native of *Md* Occupation \_\_\_\_\_  
 Male *White* Married *Widow* Divorced \_\_\_\_\_  
 Female \_\_\_\_\_ Colored Single *Widower* Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's

Name

- Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francis Williams

Town

County

Died at

Woodmore

Prince Georges

MARYLAND

Date

1902

Month

July

Day

3

Y.

M.

D.

Native of

Occupation

Age

60

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles Williams

Mother's

Maiden Name

Fanny B. B.

Cause of

Primary

Inanition

Death

Immediate

Heart Failure

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Benjamin L. Baird M.D.

Address

Leland P. G. Co. Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

